

DOCUMENT RESUME

ED 173 677

CG 013 582

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 TITLE Socially Indigenous Help: The Community Cares for Itself.
 PUB DATE 1 Sep 78
 NOTE 8p.; Paper presented at the Annual Convention of the American Psychological Association (Toronto, Ontario, Canada, August, 1978)

EDRS PRICE MF01/PC01 Plus Postage.
 DESCRIPTORS *Community Services; *Helping Relationship; *Interpersonal Relationship; *Intervention; Models; Psychiatry; *Self Help Programs; Social Relations; *Volunteers

ABSTRACT

Recently, interest has increased in self-help groups, lay referral networks, social support networks, natural helpers, and others which may be placed under a single conceptual umbrella--socially indigenous help--because they all deal with the issue of how people use other people, social groups, and lay institutions to alleviate problems in living, in the absence of professional intervention. Seven types of socially indigenous helpers exist along a continuum of role-demand-for-help; professional helpers; non-professional, role-accredited helpers; non-professional, role-accredited helping group members; role-appropriate helpers; socially indigenous therapists; ordinary helpers; and situational helpers. Such traditional models of helping as psychoanalysis and behaviorism are unsuitable as theoretical frameworks for studying socially indigenous help. Albert Bandura's recent formulation of a social learning view of reciprocal determinism provides a more appropriate conceptual framework and is applied to various aspects of socially indigenous help. Several other studies serve as illustrations of reciprocal determinism with implications for socially indigenous help. (Author)

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Socially Indigenous Help: The Community Cares for Itself

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Human distress and adaptive responses to it existed before the advent of psychology, social work, psychiatry and the other helping professions. But there is little systematic empirical research or theory that examines nonprofessional approaches to psychological problems. It says something serious about the way the behavioral sciences have proceeded in the past, since it is only now that we are beginning to ask questions about something as fundamental as the helping abilities granted us by cultural heritage and natural selection.

Our basic premise in today's paper is that a new field of research is emerging, one with great potential for social application. The new field is concerned with the manner in which people use other people and social groups for the relief of problems in living in the absence of professional intervention. For now we are calling this the study of socially indigenous help. We do not present this as some stunning new insight on our part, but merely as a simple observation made in the course of our initial planning for this symposium. Ms. Pancoast and the network analysts in the audience will appreciate that this conclusion is based in part on our observation that communications networks appear to be forming among researchers and practitioners concerned with how the community cares for itself.

Having laid before you our premise we would like to go on to comment on how the field might take shape and outline some ways of approaching the phenomena of socially indigenous help.

First let's start with the problem of description. The last several years have seen a sharp increase in interest in self-help groups, lay referral networks, social support networks, natural helpers, and the like. These topics may be placed under a single conceptual umbrella--socially indigenous--help because they

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all deal with parts of the question: how do people use other people, social groups, and lay institutions to alleviate problems in living in the absence of professional intervention?

In order to organize our thinking and research about these varied phenomena we believe that it is essential to have a typology of socially indigenous helpers. The provisional typology we use may be thought of as running along a continuum of role-demand-for-help. It consists of seven types. Type One are professional helpers such as psychotherapists who act outside their accredited institution on an informal basis with no fee for service. Type Two are non-professional, role-accredited helpers such as faith healers and spiritualists. Type Three are non-professional, role-accredited helping group members such as the members of Alcoholics Anonymous. Type Four are role-appropriate helpers such as bartenders and hairdressers whose social roles lead to expectations for help but whose neglect to give help does not disqualify them from their role. Type Five are socially indigenous therapists who have no accredited role as helpers but who enjoy social reputations as unusually gifted helpers and confidants. Type Six are ordinary helpers such as friends and family members who regularly give help as part of their intimate relationship with the helpee but who do not enjoy the demand for their help that characterizes the socially indigenous therapist. Finally, Type Seven are situational helpers who give help to strangers or casual acquaintances in certain crisis situations where there are social demands for assistance, like helping a lost child locate his or her mother in a supermarket.

Different types of helpers and helping situations may be found to have similar characteristics. However, we believe that at this point in our understanding of socially indigenous help that it will be important to make careful distinctions and to compare and contrast types. The research to be reported in Dr. Patterson's paper, for instance, shows that there are important differences in the help provided by socially indigenous therapists and role-appropriate helpers. Another

important task for descriptive research will be to determine the relative use of different types of helper and the moderating variables that incline one person to choose one type of helper over another.

As the field moves beyond the descriptive phase, basic organizing and explanatory principles will play a larger part in the determination of important research and application issues. Since our own interest in socially indigenous help focuses primarily on questions of who seeks help from whom, and what processes are involved, it was natural that we first turned to the better known models of psychotherapy. We have not found the traditional models of psychotherapy, either psychoanalytic, client-centered, or behavioristic, to be of much help in trying to understand even the little available data on socially indigenous help. The difficulty with these models, it seems to us, is that they do not take into account the bidirectional or reciprocal nature of the determinants of social interactions. Whether through the blatant environmental manipulation of operant conditioning or through the creation of Rogerian conditions "favorable to psychological change," psychotherapy has been conceptualized in terms of unidirectional processes and variables. The therapist modifies the client's behavior or creates conditions; the client does not modify the therapist's behavior or create the conditions. To be sure, no truly sophisticated analysis of psychotherapy ignores the possibility of bidirectional factors, but none have focused on the principle of reciprocal determinism as a critical feature. Additionally the traditional models do not provide sufficient recognition of cognitive influences--conceptions about oneself and the nature of the environment--which we see as of paramount importance in understanding the influence of socially indigenous help.

We believe that Bandura's (1977) recent formulation of a social learning view of reciprocal determinism may be particularly useful as a theoretical model and as a source for research hypotheses. Bandura suggests that behavior, internal personal factors such as needs, abilities, and cognitions, and environmental influences

all operate as interlocking determinants of each other. Within the field of socially indigenous help, it seems reasonable to expect that different types of problem behavior would elicit help from different environmental sources which in turn would have different effects on the person's behavior. The production of different types of behavior would also determine cognitive expectancies about the potential of the behavior to have certain environmental consequences; this in turn would alter the person's propensity to emit the different behaviors. Also, the cognitions of the help-seeker, such as attributions of intent, would effect how he or she interprets the help given by others, and, consequently, determine his or her propensity to respond to help in different ways. While it is an enormously complex task, it seems to us that the principles of social learning theory (Bandura, 1977) and of social psychological theories such as self-perception theory (Bem, 1967) and attribution theory (Jones, et al., 1971) can best serve to describe and predict the interplay between behavior, cognitions, and the environment in instances of socially indigenous help.

It is obviously extremely difficult to examine simultaneously all three factors of Bandura's model in a single study, even under controlled laboratory conditions. There are, however, a few studies in the available literature which examine at least two of the model's factors and which may be of interest to those studying socially indigenous help.

The social psychological literature indicates that physical characteristics such as sex, race, and attractiveness, and socially conferred characteristics such as role and status, produce different reactions from the person's social environment. These environmental reactions certainly affect the individuals' self-concept and their subsequent behavior. A recent study by Snyder, et al. (1978) illustrates this process. In this study male-female pairs of strangers interacted over the telephone. It was found that when the male was lead to believe that the female was physically attractive, the verbal behavior of the female (as analyzed by naive

judges) was characterized as being more "attractive" than the control group's verbal behavior. Here very subtle unexpressed beliefs and expectations on the part of the male had very significant reciprocal influences on the verbal behavior of a stranger. From this type of demonstration we might hypothesize that people who enjoy wide reputations as natural helpers are effective helpers in part because of their beliefs and expectations about the people they help. That is, socially indigenous therapists hold expectations about the people they help that activate cognitive processes which are conducive to the production of coping responses by those seeking help.

In a study from clinical psychology, Coyne (1976) has shown that when strangers talk on the telephone to clinically depressed out-patients, they become depressed, anxious, and hostile themselves and attempt to maintain psychological distance from the depressed person. Coyne suggests that the person's negative reactions to the depressed patient, while behaviorally very subtle, are none the less detectable by the patient and aid in maintaining the depressed state. It might be hypothesized that socially indigenous therapists have some "natural immunity" or higher thresholds for other people's problems which allows them to avoid the negative reaction most people would have. This in turn would set a special social environment which may encourage the helpee to cognitively re-examine the problem and/or attempt new or alternative coping strategies which can then be responded to by the helper.

Finally, Patterson (1975) has provided us with an excellent empirical demonstration of reciprocal coercive behavior in discordant families; that is, aggressive behavior by one family member elicits aggressive counter-actions and there follows a mutual escalation of aggression. Even in the face of momentary punishment, the escalation will continue for as long as the cognitive expectations of the participants remain that they will eventually obtain what they originally sought. If the reciprocal process operates with negative behaviors such as aggression, one

might assume there would be a corresponding process for positive behavioral interchanges that occur in natural care-giving processes. Cognitive expectations such as "I can be of help," and "You can help me," may establish the foundation for and insure the continuation of the interaction, perhaps even in the face of some failures. Successful completion of the help-giving exchange should further enhance the self-concept of the helper as a helper, and more than likely lead to greater social recognition of this person being someone who can be counted on to be available and helpful.

Our paper today has had two main points. The first is that the study of socially indigenous help is an idea whose time has come. The second is that we as researchers and practitioners ought to give explicit thought to a broad conceptualization of socially indigenous help. We have described the concepts that underlie our own approaches to descriptive and theoretical research. We hope that these approaches will gain serious consideration, but to the extent that they generate either agreement or disagreement, our purpose of exciting thought about socially indigenous help will be well served.

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